

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028936

STATE FILE NUMBER

Registration District No.

156 Primary Registration District No. 2001

Registrar's No.

355

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10499

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED JUL 26 1963

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 10 yrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 901 Roosevelt Avenue		d. STREET ADDRESS (If outside, give location) 901 Roosevelt Avenue	
3. NAME OF DECEASED (Type or print) First HENRY Middle K. Last TALBUTT		4. DATE OF DEATH Month July Day 20, Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-14-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11a. FATHER'S NAME Mason Talbutt		11b. MOTHER'S MAIDEN NAME Clara Kimber	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		12b. INFORMANT Mrs. Lucy Talbutt, 901 Roosevelt, Joplin, Mo.	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Anterior Myocardial Infarction</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis & Hypertension</i> DUE TO (c) <i>Emphysema</i>		INTERVAL BETWEEN ONSET AND DEATH 17 Days 10 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from Jan 1955 to July 20-1963 and last saw him alive on July 19-1963. Death occurred at 5:45 P. M. on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Lo Schuck</i>		22b. ADDRESS 2125 Jackson St Joplin Mo	
22c. DATE SIGNED 7-22-63		22d. LOCATION (City, town, or county) (State) Greenfield, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-22-1963	23c. NAME OF CEMETERY OR CREMATORY Greenfield Cemetery	
24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo.		25. DATE RECD. BY LOCAL REG. 7-24-1963	
26. REGISTRAR'S SIGNATURE <i>Dore Merriam</i>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by David Dillon, Jr. Student Embalmer No. 679

working under my personal supervision.

Student David Dillon, Jr.
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.